

## APPLICATION INFORMATION

Application number::  
Filing Date::  
Application Type:: Regular  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CR disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: **METHOD FOR SELECTIVELY AND SEQUENTIALLY  
EXTRACTING CATECHINS FROM PLANT PRODUCT**

Attorney Docket Number:: 6013-145US DAT/al  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Laurent  
Middle name::  
Family name:: Bazinet  
Name Suffix::  
City of Residence:: L'Ancienne-Lorette  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 1624, rue Fabre  
  
City:: L'Ancienne-Lorette  
State or Province:: Québec

Country:: Canada  
Postal or Zip Code:: G2E 2R8

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: David  
Middle name::  
Family name:: Labbé  
Name Suffix::  
City of Residence:: Sainte-Famille, Île d'Orléans  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 4702, chemin Royal  
City:: Sainte-Famille, Île d'Orléans  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G0A 3P0

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Angelo  
Middle name::  
Family name:: Tremblay  
Name Suffix::  
City of Residence:: Charlesbourg  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 140, 66<sup>e</sup> rue Ouest  
City:: Charlesbourg  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1H 4X7

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 020988  
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## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

## **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
MM/DD/YY  
MM/DD/YY  
MM/DD/YY

## **FOREIGN PRIORITY INFORMATION**

Country:: Application Number:: Filing Date::

## **ASSIGNEE INFORMATION**

Assignee name:: UNIVERSITÉ LAVAL  
Street:: Cité universitaire

City:: Québec  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1K 7P4